

MALE APPLICANT
PLEASE COMPLETE ALL INFORMATION

NAME: _____ **DATE OF BIRTH** ____/____/____
FIRST MIDDLE LAST MONTH/DAY/YEAR

PLACE OF BIRTH: _____ **PHONE NUMBER** _____
CITY AND STATE/ FOREIGN COUNTRY

AGE: _____ **SOCIAL SECURITY NUMBER:** _____

CURRENT ADDRESS: _____
STREET CITY COUNTY STATE ZIP

NUMBER OF PREVIOUS MARRIAGES: _____

MARITAL STATUS: NEVER MARRIED DIVORCED WIDOW/WIDOWER

LAST MARRIAGE ENDED BY: DEATH DIVORCE ANNULMENT
DATE LAST MARRIAGE ENDED: MONTH _____ DAY _____ YEAR _____

DATE OF BIRTH VERIFIED BY: BIRTH CERTIFICATE JUDICIAL DECREE
DRIVER'S LICENSE STATE IDENTIFICATION

EDUCATION: _____
SPECIFY HIGHEST GRADE COMPLETED OR DEGREE

OCCUPATION: _____

IS RESIDENCE INSIDE CITY LIMITS? NO YES

COLOR OR RACE _____

- | | | |
|--|-------|-----|
| 1. Are you now or have you ever been adjudged to be mentally incompetent? | NO | YES |
| If answer is "yes" has the adjudication been removed? | NO | YES |
| 2. Are you related to the female applicant closer than second cousin? | NO | YES |
| 3. Are you now under the influence of an alcoholic beverage? | NO | YES |
| 4. Are you now under the influence of a narcotic drug? | NO | YES |
| 5. List the full names and ages of any dependent children (custodial or non-custodial) with their Social Security Numbers. | _____ | |
| | _____ | |
| | _____ | |

GROOM'S PARENTS:
FULL NAME OF GROOM'S FATHER: _____
ADDRESS, CITY & STATE (if deceased, so state): _____
BIRTHPLACE OF GROOM'S FATHER: _____
CITY & STATE / FOREIGN COUNTRY

FULL NAME OF GROOM'S MOTHER: _____
FIRST MIDDLE MAIDEN LAST
ADDRESS, CITY & STATE (if deceased, so state): _____
BIRTHPLACE OF GROOM'S MOTHER: _____
CITY & STATE / FOREIGN COUNTRY

SIGNATURE OF GROOM: _____
NEW ADDRESS: _____

FEMALE APPLICANT
PLEASE COMPLETE ALL INFORMATION

NAME: _____ **DATE OF BIRTH** ____/____/____
FIRST MIDDLE LAST MONTH/DAY/YEAR

PLACE OF BIRTH: _____ **PHONE NUMBER** _____
CITY AND STATE/ FOREIGN COUNTRY

AGE: _____ **SOCIAL SECURITY NUMBER:** _____

CURRENT ADDRESS: _____
STREET CITY COUNTY STATE ZIP

NUMBER OF PREVIOUS MARRIAGES: _____

MARITAL STATUS: NEVER MARRIED DIVORCED WIDOW/WIDOWER

LAST MARRIAGE ENDED BY: DEATH DIVORCE ANNULMENT
DATE LAST MARRIAGE ENDED: MONTH _____ DAY _____ YEAR _____

DATE OF BIRTH VERIFIED BY: BIRTH CERTIFICATE JUDICIAL DECREE
DRIVER'S LICENSE STATE IDENTIFICATION

EDUCATION: _____
SPECIFY HIGHEST GRADE COMPLETED OR DEGREE

OCCUPATION: _____

IS RESIDENCE INSIDE CITY LIMITS? NO YES

COLOR OR RACE _____

- | | | |
|--|-------|-----|
| 1. Are you now or have you ever been adjudged to be mentally incompetent? | NO | YES |
| If answer is "yes" has the adjudication been removed? | NO | YES |
| 2. Are you related to the male applicant closer than second cousin? | NO | YES |
| 3. Are you now under the influence of an alcoholic beverage? | NO | YES |
| 4. Are you now under the influence of a narcotic drug? | NO | YES |
| 5. List the full names and ages of any dependent children (custodial or non-custodial) with their Social Security Numbers. | _____ | |
| | _____ | |
| | _____ | |

BRIDE'S PARENTS:

FULL NAME OF BRIDE'S FATHER: _____

ADDRESS, CITY & STATE (if deceased, so state): _____

BIRTHPLACE OF BRIDE'S FATHER: _____
CITY & STATE / FOREIGN COUNTRY

FULL NAME OF BRIDE'S MOTHER: _____
FIRST MIDDLE MAIDEN LAST

ADDRESS, CITY & STATE (if deceased, so state): _____

BIRTHPLACE OF BRIDE'S MOTHER: _____
CITY & STATE / FOREIGN COUNTRY

SIGNATURE OF BRIDE: _____

NEW ADDRESS: _____

